

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-033979

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Filed OCT 2 1962 Primary Registration District No. 5179 Registrar's No. 58

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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1291-0

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

1. PLACE OF DEATH

a. COUNTY Camden

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Osage TownshipLength of stay in 1b
6 hoursc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Linn Creek, Route 1Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Laclede

c. CITY OR TOWN Lebanon

Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
Lebanon, Star RouteReside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
Christopher Oscar Murrell4. DATE OF DEATH Month Day Year
September 29, 19625. SEX
Male6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
Feb. 3, 18919. AGE (last birthday)
71IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
farming

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Missouri12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Humbolt Murrell

13b. MOTHER'S MAIDEN NAME

Margaret Kinchlow

14. NAME OF HUSBAND OR WIFE

Annie Murrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Howard Murrell Linn Creek, Route 1, Mo.18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac Asystole

INTERVAL BETWEEN ONSET AND DEATH
Immediate

DUE TO (b)

Coronary Occlusion, Acute

2 hours

DUE TO (c)

Coronary Artery Arteriosclerosis

years.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

9-28-62 to 9-28-62

and last saw him alive on 9-28-62

Death occurred at 9:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

9/30/62

23c. NAME OF CEMETERY OR CREMATORY

Cross Roads Cemetery

23d. LOCATION (City, town, or county)

Laclede County, Missouri

(State)

24. FUNERAL DIRECTOR
Walter Hedges

ADDRESS

Camdenton, Missouri

25. DATE RECD. BY LOCAL REG.

Sept. 29-1962

26. REGISTRAR'S SIGNATURE

Gilpha J. Draw.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

1962 OCT 3 100

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter J. Nedges

Licensed Embalmer No. 4265

P. O. Address Camdenton, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.